

Congressman Tom Feeney Internship Application

Please complete this application and mail it to the following address.

Congressman Tom Feeney
Attn: Internship Coordinator
323 Cannon House Office Building
Washington, DC 20515
(202) 225-2706
(202) 226-6299 Fax

Full Name: _____

Social Security: ____/____/____

Birthday: ____/____/____

Home Address: _____

Home Phone: _____

School Address: _____

School Phone: _____

E-mail Address: _____

In which office would you wish to intern?

Orlando District Office ____ Washington, D.C. Office ____ Either ____

Dates available to participate in the program (be as specific as possible):

High School, College or University: _____

Current year: ____ Freshman, ____ Sophomore, ____ Junior, ____ Senior, ____ Grad Student

Major/Graduate Program: _____

Are you planning to receive academic credit for this internship? _____

If YES, name and phone number of program coordinator:

Please include a copy of course requirements/expectations, if applicable.

Please include a short writing sample and resume with your application.